

B1 (Official Form 1) (04/13)

United States Bankruptcy Court District of New Hampshire				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Alward, Nicole</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>fka Nicole Pace</b>			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>5170</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>5 Hemlock Dr Litchfield, NH</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):		
ZIPCODE <b>03052-4400</b>			ZIPCODE		
County of Residence or of the Principal Place of Business: <b>Hillsborough</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address)			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Alward, Nicole****All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)Location  
Where Filed: **None**

Case Number:

Date Filed:

Location  
Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X /s/ Mark Cornell****7/23/15**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Alward, Nicole****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Nicole Alward**

Signature of Debtor

**Nicole Alward****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**July 23, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\*****X /s/ Mark Cornell**

Signature of Attorney for Debtor(s)

**Mark Cornell 04976****Mark P. Cornell,****Attorney at Law, PLLC****2 Greenwood Ave.****Concord, NH 03301-0000****(603) 225-9900 Fax: 60-224-9100****mark.p.cornell@bankruptcynh.com****July 23, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**United States Bankruptcy Court  
District of New Hampshire**

IN RE:

Case No. \_\_\_\_\_

Alward, NicoleChapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Nicole Alward

Date: July 23, 2015

United States Bankruptcy Court  
District of New Hampshire

IN RE:

Case No. \_\_\_\_\_

Alward, Nicole

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

148,971.00 2013 Gross Business Income - (Net Loss = \$72,521)

0.00 2014 Gross Business Income - (Unknown - Tax Return Unfiled)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3,000.00 2013 Capital Loss

445.00 2013 Partnership Loss

13,200.00 2013 Gross Rental Income - (Net Loss = \$2,643)

10,920.00 2013 Child Support Income

10,920.00 2014 Child Support Income

20,086.00 2014 Social Security Income

4,640.00 2014 Social Security Income (Daughter's Benefit)

6,370.00 2015 YTD Child Support Income

13,002.50 2015 YTD Social Security Income

**6,496.00 2015 YTD Social Security Income (Daughter's Benefit)****3. Payments to creditors***Complete a. or b., as appropriate, and c.*

None ☐ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Lake Sunapee Bank</b> <b>PO Box 29</b> <b>Newport, NH 03773-0029</b>	<b>Monthly mortgage payments of</b> <b>\$1,970 paid within the last 90 days.</b>	<b>5,910.00</b>	<b>238,928.00</b>

None ☒ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ *a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case.* (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>People's United Bank, NA v. B&amp;N Collection Designs, LLC, et al</b> <b>226-2015-VC-00066</b>		<b>Hillsborough Superior Court</b> <b>Southern District</b> <b>30 Spring Street</b> <b>Nashua, NH 03060</b>	<b>Judgment for Plaintiff</b>
<b>Portfolio Recovery Associates LLC v. Nicole Alward</b>	<b>Collection</b>	<b>9th Circuit – District Division – Merrimack</b> <b>4 Baboosic Lake Road</b> <b>P.O. Box 324</b> <b>Merrimack, NH 03054-0324</b>	<b>Pending</b>
<b>Thibeault Corp. of NE v. Nicole Alward</b> <b>431-2014-SC-00176</b>	<b>Collection</b>	<b>Derry District Court</b> <b>10 Courthouse Lane</b> <b>Derry, NH 03038</b>	<b>Judgment for Plaintiff</b>
<b>Thibeault Corp. of NE v. Nicole Alward</b> <b>431-2014-SC-00177</b>	<b>Collection</b>	<b>Derry District Court</b> <b>10 Courthouse Lane</b> <b>Derry, NH 03038</b>	<b>Judgment for Plaintiff</b>
<b>Granite State Concrete Co. v. Nicole Pace</b> <b>457-2014-SC-00087</b>	<b>Collection</b>	<b>Merrimack District Court</b> <b>Baboosic Lake Road</b> <b>PO Box 324</b> <b>Merrimack, NH 03054</b>	<b>Judgment for Plaintiff</b>
<b>Applicators Sales &amp; Service v. VPE Duxbury, LLC and Nicole Alward a/k/a Nicole Pace</b> <b>459-2015-CV-00072</b>	<b>Collection</b>	<b>9th Circuit – District Division – Nashua</b> <b>30 Spring Street, Suite 101</b> <b>Nashua, NH 03060</b>	<b>Pending</b>
<b>Applicators Sales &amp; Service v. Grapevine Investments, LLC and Nicole Alward a/k/a Nicole Pace</b> <b>457-2015-CV-14</b>	<b>Collection</b>	<b>9th Circuit – District Division – Merrimack</b> <b>4 Baboosic Lake Road</b> <b>P.O. Box 324</b>	<b>Pending</b>



Hayner/Swanson, Inc. v. Nicole Alward  
459-2014-SC-00812

American Express Centurion Bank v. Nicole Pace  
226-2013-CV-00507

Merrimack, NH 03054-0324

Nashua District Court  
30 Spring Street, Suite 101  
Nashua, NH 03060

Judgment for Plaintiff

Hillsborough Superior Court  
Southern District  
30 Spring Street  
Nashua, NH 03060

Judgment for Plaintiff

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

People's United Bank  
122 West Street  
Keene, NH 03431

DATE OF SEIZURE  
April 27, 2015

DESCRIPTION AND VALUE  
OF PROPERTY

Attachment recorded at HCRD, Book 8745,  
Page 1780

### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
American Honda Finance Corporation PO Box 168088 Irving, TX 75016-8088	12/26/14	2012 Honda Civic
US Bank PO Box 108 Saint Louis, MO 63166-0108	9/2014	2011 Mercedes Benz
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306-0335	4/1/15	57 Village Drive, Unit 39, Building 7, Meredith, NH
Washington Trust 23 Broad St Westerly, RI 02891-1879	8/27/14	7 Westview Drive, Litchfield, NH
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306-0335	4/1/15	57 Village Drive, Unit 39, Building 7, Meredith, NH
Ally Financial PO Box 380901 Bloomington, MN 55438	9/2014	2013 GMC
Ally Financial PO Box 380901 Bloomington, MN 55438	11/2014	2012 GMC
People's United Bank 122 West Street Keene, NH 03431	11/6/14	3 Parcels of Land located at Waukewan Street, Meredith, NH

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Mark P. Cornell, Attorney at Law, PLLC 2 Greenwood Ave. Concord, NH 03301-0000</b>	<b>7/01/2015</b>	<b>3,000.00</b>

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Lake Sunapee Bank PO Box 29 Newport, NH 03773-0029</b>	<b>Joint Bank Account With Son, Joshua Jennings</b>	<b>\$10.00 (Approx.) March 2015</b>

**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
<b>Minor Daughter</b>	<b>Checking Account - \$100.00</b>	<b>Bank of America</b>



**15. Prior address of debtor**

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**2 Westview Drive, Litchfield, NH****7 Westview Drive, Litchfield, NH****16. Spouses and Former Spouses**

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL- SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Blue Diamond Revere, LLC	45-2144809		Building & Development	2011-2013
RPP Realty Trust			Building & Development	Closed
VPE Sharon 1, LLC	45-3187540		Building & Development	Closed
VPE Sharon Commons, LLC	45-3187596		Building & Development	Closed

VPE Hingham, LLC	45-3412821	Building & Development	Closed
VPE High Street, LLC	45-3187650	Building & Development	Closed
VPE Franklin, LLC	45-3025773	Building & Development	Closed
VPE Duxbury, LLC	45-3201687	Building & Development	Closed
VPE Communities, LLC	45-3412733	Building & Development	Closed
Nic Realty, LLC	27-2252143	Building & Development	2011-2014
Morris Heights, LLC	45-4291162	Building & Development	Closed
Monogram Investments, LLC	46-2009095	Building & Development	2013-Pres.
Monogram Real Estate LLC	003-68-5179	Real Estate Sales	2007-Pres.
Monogram Building & Development LLC	45-3188364	Building & Development	2011-Pres.
Marathon Carpentry LLC	27-2252143	Building & Development	2010-2013
L&N Jamesway Development LLC	27-2113452	Building & Development	Closed
JBCG Properties, LLC	45-0641072	Building & Development	2009-2014
Grapevine Builders LLC	20-1488094	Building & Development	2004-2014
Blue Diamond Osterville LLC	45-2145330	Building & Development	Closed
Blue Diamond Hanover Elm LLC	45-2280748	Building & Development	Closed
B&N Design, LLC	20-2966904	Building & Development	2005-Pres.
Black Grape, LLC			

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

## 20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

## 21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

## 22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

## 23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

## 24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

## 25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **July 23, 2015** Signature **/s/ Nicole Alward**  
of Debtor **Nicole Alward**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Personal Residence located at 5 Hemlock Court, Litchfield, NH - (JBCG Family Trust)			321,900.00	406,882.69
<b>TOTAL</b>			<b>321,900.00</b>	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

IN RE **Alward, Nicole**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>		<b>20.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account located at Lake Sunapee Bank...3110 (Overdrawn)</b>		<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Audio/Video/Electronics</b>		<b>1,500.00</b>
		<b>Household Goods and Furnishings</b>		<b>3,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books/CDs/DVDs</b>		<b>500.00</b>
6. Wearing apparel.		<b>Clothing</b>		<b>100.00</b>
7. Furs and jewelry.		<b>Jewelry</b>		<b>500.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>100% Ownership Interest in Monogram Building &amp; Development LLC</b>		<b>0.00</b>
		<b>100% Ownership Interest in Monogram Investments, LLC</b>		<b>0.00</b>
		<b>100% Ownership Interest in Monogram Real Estate LLC</b>		<b>0.00</b>
		<b>50% Ownership Interest in B&amp;N Design, LLC</b>		<b>0.00</b>



B6B (Official Form 6B) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		<b>50% Ownership Interest in JBCG Properties, LLC</b>		<b>0.00</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Right to 25% Profit Distribution in 40 Bunker Hill, Osterville, LLC (Not an owner, unlikely to receive any distribution).</b>		<b>unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		<b>Dog &amp; Cat</b>		<b>2.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>5,622.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/15)

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
Personal Residence located at 5 Hemlock Court, Litchfield, NH - (JBCG Family Trust)	N.H. Rev. Stat. Ann. § 480:1 et seq.	100,000.00	321,900.00
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash	RSA § 511:2(XVIII)	20.00	20.00
Audio/Video/Electronics	N.H. Rev. Stat. Ann. § 511:2(III)	1,500.00	1,500.00
Household Goods and Furnishings	N.H. Rev. Stat. Ann. § 511:2(II)	500.00	3,000.00
	N.H. Rev. Stat. Ann. § 511:2(IV)	500.00	
	N.H. Rev. Stat. Ann. § 511:2(III)	2,000.00	
Books/CDs/DVDs	N.H. Rev. Stat. Ann. § 511:2(VIII)	500.00	500.00
Clothing	N.H. Rev. Stat. Ann. § 511:2(I)	100.00	100.00
Jewelry	N.H. Rev. Stat. Ann. § 512:2(XVII)	500.00	500.00
Dog & Cat	RSA § 511:2(XVIII)	2.00	2.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE **Alward, Nicole**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 200036...		<b>Mortgage on Personal Residence located at 5 Hemlock Court, Litchfield, NH</b>				<b>238,928.00</b>	
<b>Lake Sunapee Bank PO Box 29 Newport, NH 03773-0029</b>							
		VALUE \$ 321,900.00					
ACCOUNT NO. 1615388	X	<b>Foreclosure - 3 Parcels of Land located at Waukewan Street, Meredith, NH, secured by attachment recorded on April 27, 2015 at Book 8745, Page 1780, in the HCRD.</b>				<b>167,954.69</b>	<b>84,982.69</b>
<b>People's United Bank 122 West Street Keene, NH 03431</b>							
		VALUE \$ 321,900.00					
ACCOUNT NO.		<b>Assignee or other notification for: People's United Bank</b>					
<b>Merra &amp; Kanakis Attorney Mark D. Kanakis 159 Main St Nashua, NH 03060-2725</b>							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						<b>\$ 406,882.69</b>	<b>\$ 84,982.69</b>
Total (Use only on last page)						<b>\$ 406,882.69</b>	<b>\$ 84,982.69</b>

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO. <b>Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</b>		<b>2010 Income Taxes - May be secured by a lien.</b>				<b>6,000.00</b>	<b>6,000.00</b>		
ACCOUNT NO. <b>Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</b>		<b>2011 Income Taxes - May be secured by a lien.</b>				<b>5,056.49</b>	<b>5,056.49</b>		
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Totals of this page)	\$ <b>11,056.49</b>	\$ <b>11,056.49</b>	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total	\$ <b>11,056.49</b>		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total		\$ <b>11,056.49</b>	\$



IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>024920712866</b> <b>Ally Financial</b> <b>PO Box 380901</b> <b>Bloomington, MN 55438</b>		<b>Deficiency on Repossessed Vehicle - 2012 GMC</b>				<b>3,695.00</b>
ACCOUNT NO. <b>024919610143</b> <b>Ally Financial</b> <b>PO Box 380901</b> <b>Bloomington, MN 55438</b>		<b>Deficiency on Repossessed Vehicle - 2013 GMC</b>				<b>17,693.00</b>
ACCOUNT NO. <b>3717-125715-13002</b> <b>American Express</b> <b>PO Box 53852</b> <b>Phoenix, AZ 85072-3852</b>		<b>Credit Card</b>				<b>238,000.00</b>
ACCOUNT NO. <b>Sweeney &amp; Sweeney</b> <b>6 Manchester St</b> <b>Nashua, NH 03064-2160</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				

16 continuation sheets attached

Subtotal  
(Total of this page) \$ **259,388.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3715-393997-84006</b> <b>American Express</b> <b>PO Box 53852</b> <b>Phoenix, AZ 85072-3852</b>		<b>Credit Card</b>				<b>unknown</b>
ACCOUNT NO. <b>151610675</b> <b>American Honda Finance Corporation</b> <b>PO Box 168088</b> <b>Irving, TX 75016-8088</b>		<b>Deficiency on Repossessed Vehicle - 2012 Honda Civic</b>				<b>11,346.00</b>
ACCOUNT NO. <b>Stoneleigh Recovery</b> <b>810 Springer Dr</b> <b>Lombard, IL 60148-6413</b>		<b>Assignee or other notification for: American Honda Finance Corporation</b>				
ACCOUNT NO. <b>49766252</b> <b>Amoskeag Anesthesia</b> <b>1 Elliot Way</b> <b>Manchester, NH 03103-3502</b>		<b>Medical Bill</b>				<b>1,698.00</b>
ACCOUNT NO. <b>216135</b> <b>Applicators Sales &amp; Services</b> <b>15 Keewaydin Dr</b> <b>Salem, NH 03079-2840</b>		<b>Business Debt</b>				<b>9,822.00</b>
ACCOUNT NO. <b>Niederman, Stanzel &amp; Lindsey</b> <b>55 West Webster Street</b> <b>Manchester, NH 03104</b>		<b>Assignee or other notification for: Applicators Sales &amp; Services</b>				
ACCOUNT NO. <b>026527</b> <b>Applicators Sales &amp; Services</b> <b>15 Keewaydin Dr</b> <b>Salem, NH 03079-2840</b>		<b>Business Debt</b>				<b>21,255.00</b>

Sheet no. 1 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **44,121.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Niederman, Stanzel &amp; Lindsey</b> <b>55 West Webster Street</b> <b>Manchester, NH 03104</b>		<b>Assignee or other notification for:</b> <b>Applicators Sales &amp; Services</b>				
ACCOUNT NO. <b>Attorney Gerry Prunier</b> <b>20 Trafalgar Sq Ste 626</b> <b>Nashua, NH 03063-1981</b>		<b>Legal Fees</b>				<b>35,000.00</b>
ACCOUNT NO. <b>Benson's Lumber</b> <b>20 Orchard View Dr</b> <b>Londonderry, NH 03053-3366</b>		<b>Business Debt</b>				<b>65,000.00</b>
ACCOUNT NO. <b>Best Fitness</b> <b>203 Plain St</b> <b>Lowell, MA 01852-5144</b>		<b>Unsecured Claim</b>				<b>463.00</b>
ACCOUNT NO. <b>Swift Funds LLC</b> <b>927 Deep Valley Dr Ste 195</b> <b>Rolling Hills Estates, CA 90274-3869</b>		<b>Assignee or other notification for:</b> <b>Best Fitness</b>				
ACCOUNT NO. <b>Brian Poliquin</b> <b>4 Taschereau Blvd</b> <b>Nashua, NH 03062-2320</b>		<b>Business Debt</b>				<b>5,000.00</b>
ACCOUNT NO. <b>33618800</b> <b>Byram Medical</b> <b>239 Mill St</b> <b>Worcester, MA 01602-3191</b>		<b>Medical Bill</b>				<b>263.00</b>

Sheet no. 2 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **105,726.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Capital One</b> <b>Attn: Bankruptcy Department</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130-0285</b>		<b>Jordan's Credit Card</b>				<b>10,500.00</b>
ACCOUNT NO. <b>CACH LLC</b> <b>4340 S Monaco St 2nd Fl</b> <b>Denver, CO 80237-3485</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Fresh Solutions</b> <b>4340 S. Monaco, Fourth Floor</b> <b>Denver, CO 80237</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Portfolio Recovery Associates, LLC</b> <b>120 Corporate Blvd Ste 100</b> <b>Norfolk, VA 23502-4962</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Various</b> <b>Catholic Medical Center</b> <b>PO Box 3240</b> <b>Manchester, NH 03105-3240</b>						<b>unknown</b>
ACCOUNT NO. <b>Computer Credit, Inc.</b> <b>PO Box 5238</b> <b>Winston-Salem, NC 27113-5238</b>		<b>Assignee or other notification for:</b> <b>Catholic Medical Center</b>				
ACCOUNT NO. <b>14079</b> <b>Central Parking</b> <b>Manchester/Boston Regional Airport</b> <b>1 Airport Rd</b> <b>Manchester, NH 03103-7450</b>		<b>Unsecured Claim</b>				<b>204.00</b>

Sheet no. **3** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,704.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>36753</b> <b>City Fuel</b> <b>67 Willow St</b> <b>Manchester, NH 03103-6321</b>		<b>Unsecured Claim</b>				<b>1,100.00</b>
ACCOUNT NO. <b>MDC Recovery Services</b> <b>14 Depot St</b> <b>Merrimack, NH 03054-3422</b>		<b>Assignee or other notification for:</b> <b>City Fuel</b>				
ACCOUNT NO. <b>411217</b> <b>Colon &amp; Rectal Surgery</b> <b>8 Prospect St</b> <b>Nashua, NH 03060-3925</b>		<b>Medical Bill</b>				<b>1,410.00</b>
ACCOUNT NO. <b>Electromedical Associates Inc.</b> <b>PO Box 473</b> <b>Amherst, NH 03031</b>		<b>Assignee or other notification for:</b> <b>Colon &amp; Rectal Surgery</b>				
ACCOUNT NO. <b>82813...</b> <b>Comenity Bank</b> <b>Bankruptcy Department</b> <b>PO Box 182125</b> <b>Columbus, OH 43218-2125</b>		<b>Victoria's Secret Credit Card</b>				<b>1,054.00</b>
ACCOUNT NO. <b>#HO-0282126-00</b> <b>Cooperative Insurance</b> <b>292 Colonial Dr</b> <b>Middlebury, VT 05753-9827</b>		<b>Insurance</b>				<b>94.00</b>
ACCOUNT NO. <b>Various</b> <b>Dartmouth Hitchcock</b> <b>PO Box 10547</b> <b>Bedford, NH 03110-0547</b>		<b>Medical Bill</b>				<b>unknown</b>

Sheet no. **4** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,658.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>David Kreed, CPA</b> <b>36 North St</b> <b>Manchester, NH 03104-3023</b>		<b>Business Debt</b>				<b>8,500.00</b>
ACCOUNT NO. <b>DLB Paving</b> <b>55 Charles Bancroft Hwy</b> <b>Litchfield, NH 03052-2600</b>		<b>Business Debt</b>				<b>4,000.00</b>
ACCOUNT NO. <b>515318</b> <b>Dr. Montanarella &amp; Associates</b> <b>30 Canton St Ste 6</b> <b>Manchester, NH 03103-3524</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>4108 3082...</b> <b>DSNB</b> <b>PO Box 8053</b> <b>Mason, OH 45040</b>		<b>Macy's Credit Card</b>				<b>1,405.00</b>
ACCOUNT NO. <b>ESL100051612</b> <b>Eaton &amp; Berube</b> <b>365 Nashua St</b> <b>Milford, NH 03055-4918</b>		<b>Business Debt</b>				<b>3,499.00</b>
ACCOUNT NO. <b>Ed Hoyt Quality Logs &amp; Veneer</b> <b>42 Owl St</b> <b>Campton, NH 03223</b>		<b>Business Debt</b>				<b>8,768.00</b>
ACCOUNT NO. <b>BB&amp;T</b> <b>Attn: CEO Line</b> <b>PO Box 632</b> <b>Whiteville, NC 28472</b>		<b>Assignee or other notification for:</b> <b>Ed Hoyt Quality Logs &amp; Veneer</b>				

Sheet no. 5 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **26,172.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>411217</b> <b>Electromedical Associates Inc.</b> <b>PO Box 473</b> <b>Amherst, NH 03031</b>		<b>Collection Company for Hospitalist</b>				<b>1,620.00</b>
ACCOUNT NO. <b>Various</b> <b>Elliot Hospital</b> <b>PO Box 1238</b> <b>Salem, NH 03079</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>Balanced Healthcare Receivables, LLC</b> <b>164 Burke Street, Suite 201</b> <b>Nashua, NH 03060</b>		<b>Assignee or other notification for:</b> <b>Elliot Hospital</b>				
ACCOUNT NO. <b>Transworld Systems Inc.</b> <b>PO Box 17205</b> <b>Wilmington, DE 19850-7205</b>		<b>Assignee or other notification for:</b> <b>Elliot Hospital</b>				
ACCOUNT NO. <b>00779331</b> <b>Eversource</b> <b>PO Box 650047</b> <b>Dallas, TX 75265-0047</b>		<b>Utility</b>				<b>unknown</b>
ACCOUNT NO. <b>ONLINE Information Services, Inc.</b> <b>P.O. Box 1489</b> <b>Winterville, NC 28590</b>		<b>Assignee or other notification for:</b> <b>Eversource</b>				
ACCOUNT NO. <b>367675</b> <b>First Line Financial</b> <b>Village Centre, 766 Walker Rd # D</b> <b>Great Falls, VA 22066</b>		<b>Kirby</b>				<b>73.00</b>

Sheet no. 6 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,693.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Various</b> <b>Foundation Medical Partners</b> <b>8 Prospect St</b> <b>Nashua, NH 03060-3925</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>05-0558-42644</b> <b>GEICO</b> <b>PO Box 9506</b> <b>Fredericksburg, VA 22403-9500</b>		<b>Insurance</b>				<b>70.00</b>
ACCOUNT NO. <b>Credit Collection Services</b> <b>PO Box 9136</b> <b>Needham, MA 02494-9133</b>		<b>Assignee or other notification for:</b> <b>GEICO</b>				
ACCOUNT NO. <b>GEPA Mortgage</b> <b>2 Westview Dr</b> <b>Litchfield, NH 03052-2360</b>		<b>Foreclosure - Beech Street, Manchester, NH</b>				<b>35,000.00</b>
ACCOUNT NO. <b>Granite State Concrete</b> <b>520 Groton Rd</b> <b>Westford, MA 01886-1151</b>		<b>Business Debt</b>				<b>2,200.00</b>
ACCOUNT NO. <b>892780</b> <b>Greater Nashua ER Physicians</b> <b>172 Kinsley St</b> <b>Nashua, NH 03060-3648</b>		<b>Medical Bill</b>				<b>150.00</b>
ACCOUNT NO. <b>Gregsak Engineering Inc.</b> <b>243 Haverhill Road</b> <b>Nashua, NH 03063</b>		<b>Business Debt</b>				<b>13,000.00</b>

Sheet no. 7 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **50,420.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1366</b> <b>Handle With Care Vet</b> <b>33 Crystal Ave</b> <b>Derry, NH 03038-1711</b>		<b>Unsecured Claim</b>				<b>446.00</b>
ACCOUNT NO. <b>Harry &amp; Alberta Standel</b> <b>681 Osgood Rd</b> <b>Milford, NH 03055-3447</b>		<b>Claim</b>		<b>X</b>	<b>X</b>	<b>unknown</b>
ACCOUNT NO. <b>11132</b> <b>Hayner Swanson</b> <b>3 Congress St</b> <b>Nashua, NH 03062-3301</b>		<b>Business Debt</b>				<b>788.00</b>
ACCOUNT NO. <b>Various</b> <b>HMFP Surgery</b> <b>375 Longwood Ave Ste 3</b> <b>Boston, MA 02215-5395</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>36289</b> <b>Home Health &amp; Hospice</b> <b>7 Executive Park Dr</b> <b>Merrimack, NH 03054-4058</b>		<b>Medical Bill</b>				<b>181.00</b>
ACCOUNT NO. <b>Hudson Plumbing &amp; Heating</b> <b>7 Avery Rd</b> <b>Londonderry, NH 03053-6111</b>		<b>Business Debt</b>				<b>9,000.00</b>
ACCOUNT NO. <b>16320</b> <b>Keene Medical Products</b> <b>5 Landing Rd</b> <b>Enfield, NH 03748-3545</b>		<b>Medical Bill</b>				<b>unknown</b>

Sheet no. 8 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,415.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>367675</b> <b>Kirby Co.</b> <b>34 Folly Mill Rd</b> <b>Seabrook, NH 03874-4053</b>		<b>Unsecured Claim</b>				<b>1,600.00</b>
ACCOUNT NO. <b>8100002963</b> <b>Lake Sunapee Bank</b> <b>PO Box 29</b> <b>Newport, NH 03773-0029</b>		<b>Overdrawn Checking</b>				<b>593.00</b>
ACCOUNT NO. <b>Lamont, Hanley &amp; Assoc., Inc.</b> <b>PO Box 179</b> <b>Manchester, NH 03105-0179</b>		<b>Assignee or other notification for:</b> <b>Lake Sunapee Bank</b>				
ACCOUNT NO. <b>8100003060</b> <b>Lake Sunapee Bank</b> <b>PO Box 29</b> <b>Newport, NH 03773-0029</b>		<b>Overdrawn Checking</b>				<b>300.00</b>
ACCOUNT NO. <b>Lamont, Hanley &amp; Assoc., Inc.</b> <b>PO Box 179</b> <b>Manchester, NH 03105-0179</b>		<b>Assignee or other notification for:</b> <b>Lake Sunapee Bank</b>				
ACCOUNT NO. <b>220000...</b> <b>Lake Sunapee Bank</b> <b>PO Box 29</b> <b>Newport, NH 03773-0029</b>		<b>Personal Guaranty on Mortgage on Property</b> <b>located at 1 Ipswich Street, Merrimack, NH</b>				<b>51,023.00</b>
ACCOUNT NO. <b>Lexon Surety Group</b> <b>12890 Lebanon Rd</b> <b>Mount Juliet, TN 37122-2870</b>		<b>Business Debt</b>				<b>25,000.00</b>

Sheet no. 9 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **78,516.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Old Hickory Insurance Agency</b> <b>PO Box 2082</b> <b>Indianapolis, IN 46206-2082</b>		<b>Assignee or other notification for:</b> <b>Lexon Surety Group</b>				
ACCOUNT NO. <b>Various</b> <b>Manchester Urology</b> <b>4 Elliot Way Ste 200</b> <b>Manchester, NH 03103-3553</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>Various</b> <b>Massachusetts General Hospital</b> <b>55 Fruit Street</b> <b>Boston, MA 02114</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>Gragil Associates</b> <b>PO Box 1010</b> <b>Pembroke, MA 02359-1010</b>		<b>Assignee or other notification for:</b> <b>Massachusetts General Hospital</b>				
ACCOUNT NO. <b>Nashua Anesthesia Partners</b> <b>8 Prospect St</b> <b>Nashua, NH 03060-3925</b>		<b>Medical Bill</b>				<b>2,005.00</b>
ACCOUNT NO. <b>Atlantic Collection Agency</b> <b>194 Boston Post Rd</b> <b>East Lyme, CT 06333-1613</b>		<b>Assignee or other notification for:</b> <b>Nashua Anesthesia Partners</b>				
ACCOUNT NO. <b>1149-479455</b> <b>Nashua Anesthesia Partners</b> <b>8 Prospect St</b> <b>Nashua, NH 03060-3925</b>		<b>Medical Bill</b>				<b>2,005.00</b>

Sheet no. **10** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,010.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Atlantic Collection Agency</b> <b>194 Boston Post Rd</b> <b>East Lyme, CT 06333-1613</b>		<b>Assignee or other notification for:</b> <b>Nashua Anesthesia Partners</b>				
ACCOUNT NO. <b>5466815360</b> <b>National Grid</b> <b>PO Box 960</b> <b>Northborough, MA 01532-0960</b>		<b>Utility</b>				<b>403.00</b>
ACCOUNT NO. <b>Transworld Systems Inc.</b> <b>PO Box 17205</b> <b>Wilmington, DE 19850-7205</b>		<b>Assignee or other notification for:</b> <b>National Grid</b>				
ACCOUNT NO. <b>Various</b> <b>NE Neurospine</b> <b>168 Kinsley St Ste 10</b> <b>Nashua, NH 03060-3634</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>Owen Law Office</b> <b>10 Corporate Dr</b> <b>Bedford, NH 03110-5956</b>		<b>Legal Fees</b>				<b>520.00</b>
ACCOUNT NO. <b>5305621</b> <b>Peerless</b> <b>62 Maple Ave</b> <b>Keene, NH 03431-1625</b>		<b>Business Debt</b>				<b>344.00</b>
ACCOUNT NO. <b>Brennan &amp; Clark</b> <b>721 E Madison St</b> <b>Villa Park, IL 60181-3084</b>		<b>Assignee or other notification for:</b> <b>Peerless</b>				

Sheet no. 11 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,267.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>100280266-97443</b> <b>Pennichuck Water</b> <b>200 Concord St</b> <b>Nashua, NH 03064-1202</b>		<b>Utility</b>				<b>337.00</b>
ACCOUNT NO. <b>Phoenix Emergency Medicine of Broward</b> <b>201 E Sample Rd Pompano Beach</b> <b>Pompano Beach, FL 33064</b>		<b>Medical Bill</b>				<b>132.00</b>
ACCOUNT NO. <b>Amerifinancial Solutions</b> <b>PO Box 602570</b> <b>Charlotte, NC 28260-2570</b>		<b>Assignee or other notification for:</b> <b>Phoenix Emergency Medicine of Broward</b>				
ACCOUNT NO. <b>Various</b> <b>Phoenix Emergency Medicine of Broward</b> <b>201 E Sample Rd Pompano Beach</b> <b>Pompano Beach, FL 33064</b>		<b>Medical Bill</b>				<b>132.00</b>
ACCOUNT NO. <b>Various</b> <b>PSNH</b> <b>PO Box 650047</b> <b>Dallas, TX 75265-0047</b>		<b>Utility</b>				<b>unknown</b>
ACCOUNT NO. <b>Credit Collection Services</b> <b>PO Box 9136</b> <b>Needham, MA 02494-9133</b>		<b>Assignee or other notification for:</b> <b>PSNH</b>				
ACCOUNT NO. <b>Associated Credit Services, Inc.</b> <b>PO Box 5171</b> <b>Westborough, MA 01581-5171</b>		<b>Assignee or other notification for:</b> <b>PSNH</b>				

Sheet no. **12** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **601.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Quality Insulation</b> <b>110 Perimeter Rd</b> <b>Nashua, NH 03063-1301</b>		<b>Various</b>				<b>10,000.00</b>
ACCOUNT NO. <b>Various</b> <b>Southern NH Medical Center</b> <b>8 Prospect St</b> <b>Nashua, NH 03060-3925</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>Benuck &amp; Rainey, Inc.</b> <b>221 Old Concord Turnpike</b> <b>Barrington, NH 03825</b>		<b>Assignee or other notification for:</b> <b>Southern NH Medical Center</b>				
ACCOUNT NO. <b>Various</b> <b>Southern NH Radiology Consultants PC</b> <b>703 Riverway Place</b> <b>Bedford, NH 03110</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>CBHV</b> <b>PO Box 831</b> <b>Newburgh, NY 12551-0831</b>		<b>Assignee or other notification for:</b> <b>Southern NH Radiology Consultants PC</b>				
ACCOUNT NO. <b>Electromedical Associates Inc.</b> <b>PO Box 473</b> <b>Amherst, NH 03031</b>		<b>Assignee or other notification for:</b> <b>Southern NH Radiology Consultants PC</b>				
ACCOUNT NO. <b>Stoneleigh Recovery</b> <b>810 Springer Dr</b> <b>Lombard, IL 60148-6413</b>		<b>Assignee or other notification for:</b> <b>Southern NH Radiology Consultants PC</b>				

Sheet no. 13 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,000.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>368186</b> <b>Southern NH Radiology Consultants PC</b> <b>703 Riverway Place</b> <b>Bedford, NH 03110</b>		<b>Medical Bill</b>				<b>443.00</b>
ACCOUNT NO. <b>St. Joseph Hospital</b> <b>172 Kinsley St</b> <b>Nashua, NH 03060-3648</b>		<b>Medical Bill</b>				<b>784.00</b>
ACCOUNT NO. <b>NH/Northeast Credit Services</b> <b>PO Box 746</b> <b>Nashua, NH 03061-0746</b>		<b>Assignee or other notification for:</b> <b>St. Joseph Hospital</b>				
ACCOUNT NO. <b>Various</b> <b>St. Joseph Hospital</b> <b>172 Kinsley St</b> <b>Nashua, NH 03060-3648</b>		<b>Medical Bill</b>				<b>unknown</b>
ACCOUNT NO. <b>NH/Northeast Credit Services</b> <b>PO Box 746</b> <b>Nashua, NH 03061-0746</b>		<b>Assignee or other notification for:</b> <b>St. Joseph Hospital</b>				
ACCOUNT NO. <b>80053...</b> <b>St. Mary's Bank</b> <b>PO Box 720</b> <b>Manchester, NH 03105-0720</b>		<b>Overdraft Protection</b>				<b>unknown</b>
ACCOUNT NO. <b>7981 9243 0011 0897</b> <b>Synchrony Bank</b> <b>Attn: Bankruptcy Dept.</b> <b>PO Box 965060</b> <b>Orlando, FL 32896-5060</b>		<b>Lowes Credit Card</b>				<b>10,667.55</b>

Sheet no. 14 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **11,894.55**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Alward, Nicole**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Portfolio Recovery Associates, LLC</b> <b>120 Corporate Blvd</b> <b>Norfolk, VA 23502-4962</b>		<b>Assignee or other notification for:</b> <b>Synchrony Bank</b>				
ACCOUNT NO. <b>Law Offices Of Howard Lee Schiff</b> <b>154 Broad St Ste 1536</b> <b>Nashua, NH 03063-3218</b>		<b>Assignee or other notification for:</b> <b>Synchrony Bank</b>				
ACCOUNT NO. <b>Thibeault Corporation Of New England</b> <b>603 Mammoth Rd</b> <b>Londonderry, NH 03053-2146</b>		<b>Business Debt</b>				<b>7,725.00</b>
ACCOUNT NO. <b>Thibeault Corporation Of New England</b> <b>603 Mammoth Rd</b> <b>Londonderry, NH 03053-2146</b>		<b>Business Debt</b>				<b>15,000.00</b>
ACCOUNT NO. <b>1665924</b> <b>Total Gym</b> <b>835 Springdale Dr Ste 206</b> <b>Exton, PA 19341-2833</b>		<b>Unsecured Claim</b>				<b>974.00</b>
ACCOUNT NO. <b>BYL Collections</b> <b>301 Lacey St</b> <b>West Chester, PA 19382-3727</b>		<b>Assignee or other notification for:</b> <b>Total Gym</b>				
ACCOUNT NO. <b>Town Of Meredith</b> <b>41 Main St</b> <b>Meredith, NH 03253-5836</b>		<b>Water</b>				<b>1,382.00</b>

Sheet no. **15** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **25,081.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Alward, Nicole

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>51361...</b> <b>US Bank</b> <b>PO Box 108</b> <b>Saint Louis, MO 63166-0108</b>		<b>Deficiency on Repossessed Vehicle - 2011 Mercedes Benz</b>				<b>11,732.00</b>
ACCOUNT NO. <b>9461...</b> <b>Washington Trust</b> <b>23 Broad St</b> <b>Westerly, RI 02891-1879</b>		<b>Foreclosure - 7 Westview Drive, Litchfield, NH</b>				<b>unknown</b>
ACCOUNT NO. <b>Waukegan Village Association</b> <b>18 Village Dr</b> <b>Meredith, NH 03253-5739</b>		<b>Condo Fees</b>				<b>2,316.00</b>
ACCOUNT NO. <b>8506502727618</b> <b>Wells Fargo Home Mortgage</b> <b>PO Box 10335</b> <b>Des Moines, IA 50306-0335</b>		<b>Foreclosure - 57 Village Drive, Unit 39, Building 7, Meredith, NH</b>				<b>34,911.00</b>
ACCOUNT NO. <b>Harmon Law Offices, P.C.</b> <b>150 California St</b> <b>Newton, MA 02458-1005</b>		<b>Assignee or other notification for: Wells Fargo Home Mortgage</b>				
ACCOUNT NO. <b>708015382...</b> <b>Wells Fargo Home Mortgage</b> <b>PO Box 10335</b> <b>Des Moines, IA 50306-0335</b>		<b>Foreclosure - 57 Village Drive, Unit 39, Building 7, Meredith, NH</b>				<b>126,323.00</b>
ACCOUNT NO. <b>Harmon Law Offices, P.C.</b> <b>150 California St</b> <b>Newton, MA 02458-1005</b>		<b>Assignee or other notification for: Wells Fargo Home Mortgage</b>				

Sheet no. 16 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **175,282.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **818,948.55**

B6G (Official Form 6G) (12/07)

IN RE Alward, Nicole Debtor(s) Case No. \_\_\_\_\_ (If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Case No.

(If known)

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Bonnie Gravel</b> <b>31 Barbara Ln</b> <b>Hudson, NH 03051-3769</b>	<b>People's United Bank</b> <b>122 West Street</b> <b>Keene, NH 03431</b>

**Fill in this information to identify your case:**Debtor 1 Nicole Alward  
First Name Middle Name Last NameDebtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Hampshire

Case number \_\_\_\_\_  
(if known)

Check if this is:

☐ An amended filing☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I****Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**
☐ Employed  
☒ Not employed

☐ Employed  
☐ Not employed
**Occupation**Unemployed**Employer's name**Unemployed**Employer's address**

Number Street

Number Street

City State ZIP Code

City State ZIP Code

**How long employed there?****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$ 0.00

\$

3. **Estimate and list monthly overtime pay.**

3.

+ \$ 0.00

+ \$

4. **Calculate gross income.** Add line 2 + line 3.

4.

\$ 0.00

\$



Debtor 1

**Nicole Alward**

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <b>0.00</b>	\$
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$
5e. Insurance	5e. \$ <b>0.00</b>	\$
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$
5g. Union dues	5g. \$ <b>0.00</b>	\$
5h. Other deductions. Specify: _____	5h. + \$ <b>0.00</b>	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>0.00</b>	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>910.00</b>	\$
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$
8e. Social Security	8e. \$ <b>1,857.00</b>	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$
8h. Other monthly income. Specify: _____	8h. + \$ <b>0.00</b>	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <b>2,767.00</b>	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,767.00</b>	\$
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <b>Social Security Income - (Daughter's Benefit)</b>	11. + \$ <b>928.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>3,695.00</b>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>None</b>		

## Fill in this information to identify your case:

Debtor 1 Nicole Alward  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)                       
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Hampshire

Case number                       
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
                      
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter16

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,985.00

## If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

**Nicole Alward**

First Name

Middle Name

Last Name

Case number (if known)

**Your expenses**

5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$ <u>0.00</u>
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	\$ <u>450.00</u>
6b. Water, sewer, garbage collection	6b.	\$ <u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ <u>350.00</u>
6d. Other. Specify: <u>Trash Collection</u>	6d.	\$ <u>25.00</u>
7. <b>Food and housekeeping supplies</b>	7.	\$ <u>400.00</u>
8. <b>Childcare and children's education costs</b>	8.	\$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9.	\$ <u>150.00</u>
10. <b>Personal care products and services</b>	10.	\$ <u>50.00</u>
11. <b>Medical and dental expenses</b>	11.	\$ <u>250.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ <u>100.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$ <u>50.00</u>
14. <b>Charitable contributions and religious donations</b>	14.	\$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ <u>0.00</u>
15b. Health insurance	15b.	\$ <u>640.00</u>
15c. Vehicle insurance	15c.	\$ <u>0.00</u>
15d. Other insurance. Specify: <u>Dental</u>	15d.	\$ <u>50.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ <u>0.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a.	\$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b.	\$ <u>0.00</u>
17c. Other. Specify: _____	17c.	\$ <u>0.00</u>
17d. Other. Specify: _____	17d.	\$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18.	\$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a.	\$ <u>0.00</u>
20b. Real estate taxes	20b.	\$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	\$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	\$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e.	\$ <u>0.00</u>

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor 1

**Nicole Alward**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: See Schedule Attached21. **+\$** 125.0022. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$** 4,725.0023. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$** 3,695.00

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 4,725.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$** -1,030.0024. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

IN RE Alward, Nicole Debtor(s) Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

---

Other Expenses	
<b>Pet Food And Care</b>	<b>50.00</b>
<b>School Lunches</b>	<b>75.00</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Alward, Nicole Debtor(s) Case No. \_\_\_\_\_ (If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 35 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 23, 2015 Signature: /s/ Nicole Alward  
**Nicole Alward** Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Joint Debtor, if any)  
 [If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
 If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address \_\_\_\_\_

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Alward, Nicole**

Printed Name(s) of Debtor(s)

**X /s/ Nicole Alward**

Signature of Debtor

**7/23/2015**

Date

Case No. (if known) \_\_\_\_\_

**X**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**

Chapter **7**

Debtor(s)

**VERIFICATION OF CREDITOR MAILING LIST**

The above named debtor hereby certifies under penalty of perjury that the attached master mailing list of creditors, consisting of 11 pages is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and assumes all responsibility for errors and omissions.

Date: **July 23, 2015**

**/s/ Nicole Alward**

Debtor Signature

**Alward, Nicole**

**5 Hemlock Dr**

**Litchfield, NH 03052-4400**

Ally Financial  
PO Box 380901  
Bloomington, MN 55438

American Express  
PO Box 53852  
Phoenix, AZ 85072-3852

American Honda Finance Corporation  
PO Box 168088  
Irving, TX 75016-8088

Amerifinancial Solutions  
PO Box 602570  
Charlotte, NC 28260-2570

Amoskeag Anesthesia  
1 Elliot Way  
Manchester, NH 03103-3502

Applicators Sales & Services  
15 Keewaydin Dr  
Salem, NH 03079-2840

Associated Credit Services, Inc.  
PO Box 5171  
Westborough, MA 01581-5171

Atlantic Collection Agency  
194 Boston Post Rd  
East Lyme, CT 06333-1613

Attorney Gerry Prunier  
20 Trafalgar Sq Ste 626  
Nashua, NH 03063-1981

Balanced Healthcare Receivables, LLC  
164 Burke Street, Suite 201  
Nashua, NH 03060

BB&T  
Attn: CEO Line  
PO Box 632  
Whiteville, NC 28472

Benson's Lumber  
20 Orchard View Dr  
Londonderry, NH 03053-3366

Benuck & Rainey, Inc.  
221 Old Concord Turnpike  
Barrington, NH 03825

Best Fitness  
203 Plain St  
Lowell, MA 01852-5144

Brennan & Clark  
721 E Madison St  
Villa Park, IL 60181-3084

Brian Poliquin  
4 Taschereau Blvd  
Nashua, NH 03062-2320

BYL Collections  
301 Lacey St  
West Chester, PA 19382-3727

Byram Medical  
239 Mill St  
Worcester, MA 01602-3191

CACH LLC  
4340 S Monaco St 2nd Fl  
Denver, CO 80237-3485

Capital One  
Attn: Bankruptcy Department  
PO Box 30285  
Salt Lake City, UT 84130-0285

Catholic Medical Center  
PO Box 3240  
Manchester, NH 03105-3240

CBHV  
PO Box 831  
Newburgh, NY 12551-0831

Central Parking  
Manchester/Boston Regional Airport  
1 Airport Rd  
Manchester, NH 03103-7450

City Fuel  
67 Willow St  
Manchester, NH 03103-6321

Colon & Rectal Surgery  
8 Prospect St  
Nashua, NH 03060-3925

Comenity Bank  
Bankruptcy Department  
PO Box 182125  
Columbus, OH 43218-2125

Computer Credit, Inc.  
PO Box 5238  
Winston-Salem, NC 27113-5238

Cooperative Insurance  
292 Colonial Dr  
Middlebury, VT 05753-9827

Credit Collection Services  
PO Box 9136  
Needham, MA 02494-9133

Dartmouth Hitchcock  
PO Box 10547  
Bedford, NH 03110-0547

David Kreed, CPA  
36 North St  
Manchester, NH 03104-3023

DLB Paving  
55 Charles Bancroft Hwy  
Litchfield, NH 03052-2600

Dr. Montanarella & Associates  
30 Canton St Ste 6  
Manchester, NH 03103-3524

DSNB  
PO Box 8053  
Mason, OH 45040

Eaton & Berube  
365 Nashua St  
Milford, NH 03055-4918

Ed Hoyt Quality Logs & Veneer  
42 Owl St  
Campton, NH 03223

Electromedical Associates Inc.  
PO Box 473  
Amherst, NH 03031

Elliot Hospital  
PO Box 1238  
Salem, NH 03079

Eversource  
PO Box 650047  
Dallas, TX 75265-0047

First Line Financial  
Village Centre, 766 Walker Rd # D  
Great Falls, VA 22066

Foundation Medical Partners  
8 Prospect St  
Nashua, NH 03060-3925

Fresh Solutions  
4340 S. Monaco, Fourth Floor  
Denver, CO 80237

GEICO  
PO Box 9506  
Fredericksburg, VA 22403-9500

GEPA Mortgage  
2 Westview Dr  
Litchfield, NH 03052-2360

Gragil Associates  
PO Box 1010  
Pembroke, MA 02359-1010

Granite State Concrete  
520 Groton Rd  
Westford, MA 01886-1151

Greater Nashua ER Physicians  
172 Kinsley St  
Nashua, NH 03060-3648

Gregsak Engineering Inc.  
243 Haverhill Road  
Nashua, NH 03063

Handle With Care Vet  
33 Crystal Ave  
Derry, NH 03038-1711

Harmon Law Offices, P.C.  
150 California St  
Newton, MA 02458-1005

Harry & Alberta Standel  
681 Osgood Rd  
Milford, NH 03055-3447

Hayner Swanson  
3 Congress St  
Nashua, NH 03062-3301

HMFP Surgery  
375 Longwood Ave Ste 3  
Boston, MA 02215-5395



Home Health & Hospice  
7 Executive Park Dr  
Merrimack, NH 03054-4058

Hudson Plumbing & Heating  
7 Avery Rd  
Londonderry, NH 03053-6111

Internal Revenue Service  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia, PA 19101-7346

Keene Medical Products  
5 Landing Rd  
Enfield, NH 03748-3545

Kirby Co.  
34 Folly Mill Rd  
Seabrook, NH 03874-4053

Lake Sunapee Bank  
PO Box 29  
Newport, NH 03773-0029

Lamont, Hanley & Assoc., Inc.  
PO Box 179  
Manchester, NH 03105-0179

Law Offices Of Howard Lee Schiff  
154 Broad St Ste 1536  
Nashua, NH 03063-3218

Lexon Surety Group  
12890 Lebanon Rd  
Mount Juliet, TN 37122-2870

Manchester Urology  
4 Elliot Way Ste 200  
Manchester, NH 03103-3553

Massachusetts General Hospital  
55 Fruit Street  
Boston, MA 02114

MDC Recovery Services  
14 Depot St  
Merrimack, NH 03054-3422

Merra & Kanakis  
Attorney Mark D. Kanakis  
159 Main St  
Nashua, NH 03060-2725

Nashua Anesthesia Partners  
8 Prospect St  
Nashua, NH 03060-3925

National Grid  
PO Box 960  
Northborough, MA 01532-0960

NE Neurospine  
168 Kinsley St Ste 10  
Nashua, NH 03060-3634

NH/Northeast Credit Services  
PO Box 746  
Nashua, NH 03061-0746

Niederman, Stanzel & Lindsey  
55 West Webster Street  
Manchester, NH 03104

Old Hickory Insurance Agency  
PO Box 2082  
Indianapolis, IN 46206-2082

ONLINE Information Services, Inc.  
P.O. Box 1489  
Winterville, NC 28590

Owen Law Office  
10 Corporate Dr  
Bedford, NH 03110-5956

Peerless  
62 Maple Ave  
Keene, NH 03431-1625

Pennichuck Water  
200 Concord St  
Nashua, NH 03064-1202

People's United Bank  
122 West Street  
Keene, NH 03431

Phoenix Emergency Medicine of Broward  
201 E Sample Rd Pompano Beach  
Pompano Beach, FL 33064

Portfolio Recovery Associates, LLC  
120 Corporate Blvd  
Norfolk, VA 23502-4962

Portfolio Recovery Associates, LLC  
120 Corporate Blvd Ste 100  
Norfolk, VA 23502-4962

PSNH  
PO Box 650047  
Dallas, TX 75265-0047

Quality Insulation  
110 Perimeter Rd  
Nashua, NH 03063-1301

Southern NH Medical Center  
8 Prospect St  
Nashua, NH 03060-3925

Southern NH Radiology Consultants PC  
703 Riverway Place  
Bedford, NH 03110

St. Joseph Hospital  
172 Kinsley St  
Nashua, NH 03060-3648

St. Mary's Bank  
PO Box 720  
Manchester, NH 03105-0720

Stoneleigh Recovery  
810 Springer Dr  
Lombard, IL 60148-6413

Sweeney & Sweeney  
6 Manchester St  
Nashua, NH 03064-2160

Swift Funds LLC  
927 Deep Valley Dr Ste 195  
Rolling Hills Estates, CA 90274-3869

Synchrony Bank  
Attn: Bankruptcy Dept.  
PO Box 965060  
Orlando, FL 32896-5060

Thibeault Corporation Of New England  
603 Mammoth Rd  
Londonderry, NH 03053-2146

Total Gym  
835 Springdale Dr Ste 206  
Exton, PA 19341-2833

Town Of Meredith  
41 Main St  
Meredith, NH 03253-5836

Transworld Systems Inc.  
PO Box 17205  
Wilmington, DE 19850-7205

US Bank  
PO Box 108  
Saint Louis, MO 63166-0108

Washington Trust  
23 Broad St  
Westerly, RI 02891-1879

Waukegan Village Association  
18 Village Dr  
Meredith, NH 03253-5739

Wells Fargo Home Mortgage  
PO Box 10335  
Des Moines, IA 50306-0335

**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,000.00**

Prior to the filing of this statement I have received ..... \$ **3,000.00**

Balance Due ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was: ☐ Debtor ☒ Other (specify): **Debtor's Former Spouse**
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 23, 2015**

Date

**/s/ Mark Cornell**

**Mark Cornell 04976  
Mark P. Cornell,  
Attorney at Law, PLLC  
2 Greenwood Ave.**

**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Lake Sunapee Bank</b>	<b>Describe Property Securing Debt:</b> <b>Personal Residence located at 5 Hemlock Court, Litchfield, NH -</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b> <b>People's United Bank</b>	<b>Describe Property Securing Debt:</b> <b>Personal Residence located at 5 Hemlock Court, Litchfield, NH -</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <b>Avoid lien using 11 U.S.C. § 522(f)</b> _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached (if any)

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: July 23, 2015/s/ Nicole Alward

Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 321,900.00		
B - Personal Property	Yes	3	\$ 5,622.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 406,882.69	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 11,056.49	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 818,948.55	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,695.00
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 4,725.00
TOTAL		33	\$ 327,522.00	\$ 1,236,887.73	



**United States Bankruptcy Court  
District of New Hampshire**

**IN RE:**

Case No. \_\_\_\_\_

**Alward, Nicole**Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>11,056.49</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>11,056.49</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>3,695.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>4,725.00</b>
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ <b>910.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>84,982.69</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>11,056.49</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>818,948.55</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>903,931.24</b>

## Fill in this information to identify your case:

Debtor 1 **Nicole Alward**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **District of New Hampshire**

Case number  
 (If known) \_\_\_\_\_

## Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 22A-1

## Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

- |   |                            |                |
|---|----------------------------|----------------|
| 2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).   | \$ <u>0.00</u>             | \$ <u>0.00</u> |
| 3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.   | \$ <u>0.00</u>             | \$ <u>0.00</u> |
| 4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>910.00</u>           | \$ <u>0.00</u> |
| 5. <b>Net income from operating a business, profession, or farm</b>   |                            |                |
| Gross receipts (before all deductions)  | \$ <u>0.00</u>             |                |
| Ordinary and necessary operating expenses   | — \$ <u>0.00</u>           |                |
| Net monthly income from a business, profession, or farm   | \$ <u>0.00</u> Copy here → | \$ <u>0.00</u> |
| 6. <b>Net income from rental and other real property</b>  |                            |                |
| Gross receipts (before all deductions)  | \$ <u>0.00</u>             |                |
| Ordinary and necessary operating expenses   | — \$ <u>0.00</u>           |                |
| Net monthly income from rental or other real property   | \$ <u>0.00</u> Copy here → | \$ <u>0.00</u> |
| 7. <b>Interest, dividends, and royalties</b>  | \$ <u>0.00</u>             | \$ <u>0.00</u> |

Debtor 1

**Nicole Alward**

First Name

Middle Name


Last Name

Case number (if known)

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ 0.00

For your spouse ..... \$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \_\_\_\_\_ \$ \_\_\_\_\_

10b. \_\_\_\_\_ \$ \_\_\_\_\_

10c. Total amounts from separate pages, if any.

+\$ 0.00

+\$ 0.00

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 910.00

+

\$ 0.00

= \$ 910.00

Total current monthly  
income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... Copy line 11 here → 12a.

\$ 910.00

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 10,920.00

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

New Hampshire

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. .... 13.

\$ 68,757.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.*  
Go to Part 3 and fill out Form 22A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



/s/ Nicole Alward

Signature of Debtor 1



Signature of Debtor 2

Date **July 23, 2015**

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.